


Complete and submit to: State Controller, PPSD - W-2 Unit					TAX YEAR REFUNDED	
SOCIAL SECURITY NUMBER	EMPLOYEE NAME (First Initial, Middle Initial, Surname)	PAYMENT TYPE	PAY PERIOD OF A/R (Month/Year)	ISSUE DATE OF REFUND (Month/Day/Year)	A/R NUMBER (5 Digits)	AMOUNT OVER-COLLECTED
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<div>I certify that I am duly authorized by the herein named state agency to make this report and certification; that data stated herein is correct, complete and in accordance with all laws and regulations.</div>						
REPORTING OFFICER'S SIGNATURE 					DATE	
TYPE OR PRINT NAME AND TELEPHONE NUMBER OF INDIVIDUAL COMPLETING THIS FORM					TELEPHONE NUMBER (Include Area Code or use CALNET) ()	
FROM (Agency Name)						